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# Church Hospitals

IN THE CANADIAN MISSION FIELD OF THE  
CHURCH OF ENGLAND IN CANADA



- I. Medical Care of Indians by the Church of England in Canada and the Department of Indian Affairs.
- II. Diocesan Hospitals in the Canadian Field: 1. Our Arctic Hospitals; 2. Dynevor Hospital, Manitoba; 3. St. Bartholomew's Hospital, Lytton, B.C.; 4. A Nursing Centre in the Diocese of Edmonton.
- III. Hospitals of the Columbia Coast Mission, B.C.
- IV. M.S.C.C. Hospital at Moose Factory, Moosonee.

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*Issued free on application to*  
Missionary Society Church of England in Canada  
Church House, 604 Jarvis Street, Toronto

## Hospital Supplies

The following list given by the Bishop of The Arctic under the title—

### ARCTIC HOSPITAL NEEDS

is so excellent that we venture to take it from its setting at the end of the article on page 9 and place it here for the assistance of any who may be considering the sending of supplies to any of our Church Hospitals.

#### Arctic Hospital Needs

In reply to inquiries in this regard from the Dorcas secretary of the W.A. and others, the following list has been given:

Bandages, cheesecloth, cloths (dust, dish, scrub), gown for operating (long, white), muslin (unbleached).

Bedspreads, blankets (all kinds), sheets (bed and crib).

Towels (bath, hand and roller).

Bathrobes or dressing-gowns, bedroom slippers.

Curtain material.

Flannel undershirts, flannelette (striped), gingham.

Thread, needles (sewing, Glovers, knitting, Victrola). Pins, safety or common, tapes (various colours and sizes), scissors, thimbles, wool for knitting, or anything that women could do as hand work while convalescing; buttons (bone or pearl).

*N.B.*—When natives come into hospital from camp clad in skin clothing, it is necessary when they are convalescing to supply them with clothes suitable for hospital life;

therefore the following are most useful in all sizes:

*For Men*—Braces, mitts (wool), overalls, rubbers, shirts (flannel, or cotton), suits, sweaters, trousers, underwear, windbreakers.

*For Women*—Bloomers (fleece lined or summer wear, assorted sizes), dresses, nightgowns, shirts, stockings, slips, sweaters, mitts.

*For Boys*—Trousers, overalls, shirts, stockings, suits, sweaters, underwear, windbreakers.

*For Girls*—Combinations, dresses (cotton or wool), bloomers, vests, nightgowns, slips, stockings, sweaters, windbreakers.

*For Infants*—Bands, coats, dresses, nightgowns, slips, rompers, stockings, underwear, sweaters, diapers, shawls, bonnets, powder, soap, booties.

Scrap-books, picture books, notepaper or scribblers for writing, lead pencils, pencil sets, soft rag dolls or animals, paper dolls, scissors, or anything that a child could play with in bed or when convalescing.

*O God the Holy Ghost, Sanctifier of the faithful, visit, we pray Thee, Thy Church in this Dominion with Thy love and favour; and so prosper every work which Thou givest her to do that we, her members, may be found good and faithful servants in the day of Our Lord Jesus Christ. Incline us to bear one another's burdens, and to afford to Thy missionaries in our Dominion and in foreign lands, all needful support and encouragement; of Thy mercy, O blessed Spirit, Whom with the Father and the Son together, we worship and glorify as One God world without end. Amen.*

# Medical Care of Indians by the Church of England in Canada and the Department of Indian Affairs

(By kind assistance from Rev. Dr. Westgate)

THE Church of England in Canada and other Churches are interested in medical care provided by the Department of Indian Affairs for 112,510 Indians located throughout the Dominion. According to the Report of the Auditor-General for the fiscal year 1933-1934, the following hospitals for Indians were financed by this department of the government during that period, and to the extent indicated in each case:

Lady Willingdon Hospital, Six Nations Reserve (Ontario).....	\$13,128.16
Norway House Hospital (Man.)..	10,718.61
File Hills Hospital (Sask.).....	8,334.10
Blood Agency Hospital (Alta.)...	12,533.67
Peigan Agency Hospital (Alta.)...	2,732.85
Sarcee Agency Hospital (Alta.)...	3,735.21

Other hospital facilities are provided, as in the case of the one on the Blackfoot Reserve (Alberta), but as it is financed from the interest on the Blackfoot Band's invested funds, it does not appear in the list given in the Auditor-General's Report.

In addition to hospitals, such as the above, the Auditor General's report specifies the amounts expended in each Indian agency in each province and territory under the following headings:

Physician or physicians, part time or full time; Hospitals; Drug allowance or drug supplies; Dispensers; Medical attendance; Nurses.

The Department supplies drugs widely, both by central purchase and local prescription. It engages, in fact, in every activity affecting the individual and community health of about 112,500 people living in some 800 separate communities.

The details are too numerous to record here, but the total expended in Nova Scotia, under the above headings during 1933-1934, was \$34,821.22. As the Indians in that province numbered at that time 3,854, the per capita expenditure for medical treatment was \$9.03.

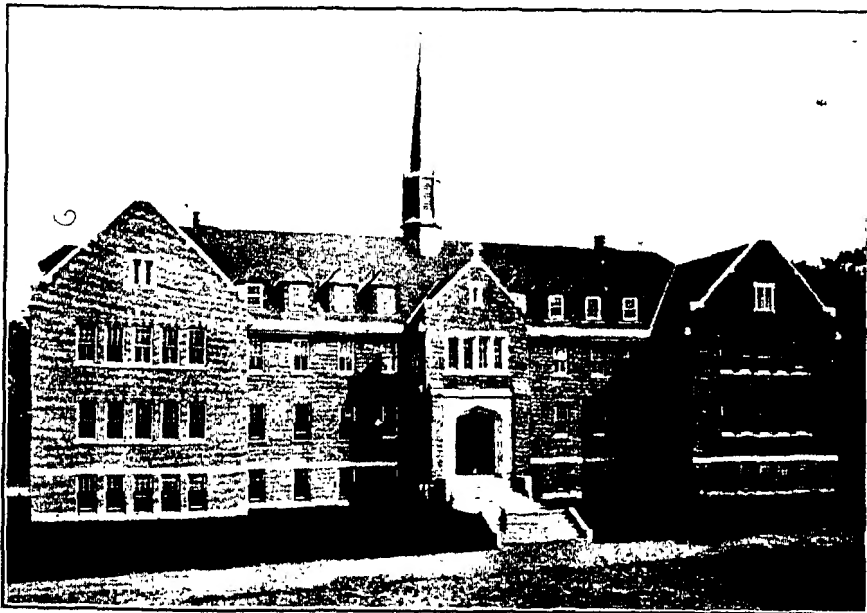
In New Brunswick for the same period the total expenditure was \$24,154.26. As the Indian population at that time was 1,734, the per capita cost for medical treatment was \$13.92.

If the average per capita cost for the 112,510 Indians in Canada works out at the average rate of these two provinces, then the total annual expenditure incurred by the Indian Department for medical treatment of its wards must amount to considerably over \$1,000,000. (Dr. McGill fixes the per capita cost at about \$10.)

A comprehensive statement on "*The Health of the Indians*" appeared in the report of Dr. Harold W. McGill, to the Superintendent General of Indian Affairs, dated Ottawa, July 11th, 1934.

*Extracts from Dr. Harold McGill's Report:*

"The relative absence of controllable communicable diseases among Indians is not a matter of chance or good fortune. It is the result of constant vigilance on the part of



The new buildings, Shingwauk Indian Residential School, Algoma.

Indian agents departmental medical officers, and other employees in the field. They are empowered and, in fact, commanded, to use the most prompt and vigorous measures to prevent outbreaks of communicable disease from developing into epidemics. They derive



Hospital attached to our Indian Residential School at Hay River.

their authority from this department, and use as their instrument the Public Health Regulations of the province in which they live. They receive good co-operation from the Indians, and are free from many difficulties which beset municipal health officers."

"The economic and educational conditions obtaining at the present day are discussed elsewhere in this report. From a health standpoint it may be of interest to observe that the maternal mortality rate among Indians is very low, that small pox has apparently become a disease of the past, that many of their houses are models of well-kept homes, that tuberculosis no longer threatens the future of the race and that, in certain fact, that future is assured."

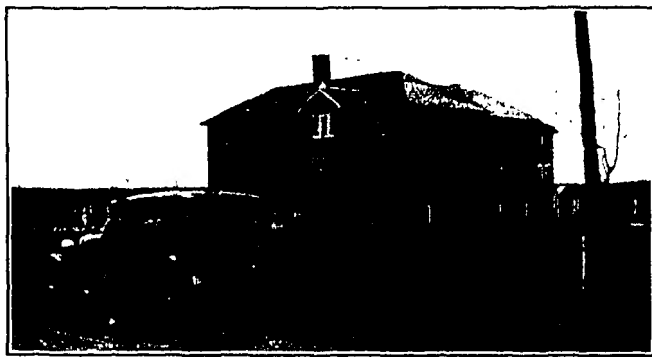
"In the field of trachoma definite progress is being made in treatment of individual cases of the disease. The incidence of trachoma among Indians is now known fairly accurately. The eye specialist who carried out the survey in 1930 has been carrying on preventive and treatment work since the end of 1931. He has demonstrated that it is perfectly possible to control the progress of trachoma in the individual, and the outlook for the young Indian who has the disease is now vastly better than it was. Speaking generally, he has had splendid co-operation on the part of the doctors and residential school staffs who are in charge of the care of the growing generation. He reports that, in some schools, the disease is definitely under control, and considers that it will so remain so long as the pupils are in the school."

"It is more than possible that the population of some of the northern hunting communities is tending to advance beyond the food supplies of the districts in which they live. Rabbits and other small game animals and birds have been very plentiful during the past two winters, but the cycle of wild life in the forest is now at its height, and will wane again shortly. Next winter, or the following

one, may be expected to be periods of scarcity. The growth of population in the last analysis depends upon the food supply, and the department anticipates that there will be a definite increase in the death rate among remote bands in the next two or three years."

"The aeroplane has brought almost every Indian community in Canada into frequent contact with civilization."

"The health work of the department has been called upon to share in the general contribution to economy on government costs, and has reduced its outlay in the last four years to an aggregate amount of nearly half a million of dollars. Many physicians have been called upon to accept somewhat less than they have earned, probably some hospitals have cared for Indian patients at less than the cost of operation nursing services have been dispensed with in some areas, possibly there had been some suffering which in better times would have been avoided. No essential service, however, has been sacrificed, and no physician or hospital has been asked to care for Indian patients without compensation. Tuberculosis work has not been extended in the degree hoped for five years ago, but, on the other hand, the foundation of a trachoma service has been laid in the midst of the depression."



The Blackfoot Hospital, Alberta (50 patients)

*Extract from the Annual Report of the Department of Indian Affairs, 1935:*

"Progress is a relative term, and the evidences of improvement in the condition of Indian health must not be allowed to induce in the public mind an impression that all is well. While tuberculosis is visibly decreasing, and certain forms of it, notably glandular tuberculosis or scrofula, is very rapidly disappearing, the death rate from this cause among Indians is still some five times that among the population at large."

"Obvious progress is being made in the battle against trachoma. Begun in the midst of the financial depression this service, for lack of funds, has not been developed as rapidly as the department would have wished. It

has had, however, the advantage of the direction of an exceptionally well qualified, industrious and diplomatic eye specialist, and of the most careful co-operation of the principals and staffs of the residential schools, and of local medical officers attending schools and reserves. It is gratifying to be able to report that the number of acute cases of trachoma in the schools has greatly diminished. This does not mean that the disease is nearly conquered. There is a great deal of practically unreachable trachoma among the older people on the reserves."

*Letter to Rev. Dr. Westgate, Jan. 18th, 1936:*

"The Indians of Canada live in perhaps 800 different communities located in every habitable part of the country.

"They are organized in some 110 Indian Agencies, and are provided with such medical



Government Hospital on the Sarcee Reserve, Alberta.  
(52 patients)

care as is available in the districts in which they live, supplemented, in many places by special arrangements for their benefit.

"Usually a local doctor is employed on a part-time basis, to attend the Indians in his area, and sick Indians are admitted to the local hospital at the expense of the Department. In several places where there are no local doctors or hospitals, the department has established hospitals, or *encouraged Church missionary societies* to establish them with greater or less financial help from the Government.

"In some places the number of Indians is so great that it has been found advisable to employ doctors, and maintain hospitals for them alone.

"The total medical staff in the field amounts to about: Medical officers, full time, some of whom are also Indian agents, 20; nurses, including hospital staffs, 40; field matrons, or lay dispensers, 50; doctors employed on part-time, 350; departmental hospitals (Government), 8; total net capacity, about 160;

nursing stations, 3. The department also co-operates with Christian churches in maintaining, wholly or largely for the benefit of the Indians, about 12 hospitals."

(Signed) E. L. Stone, M.B.,

Director of Medical Services, Department of Indian Affairs

### *The Church of England:*

*The Church's contribution to this important work* is made (1) either by the M.S.C.C. through its Woman's Auxiliary (from their share of the Government grant), or its Indian Residential School Commission, or (2) through the various diocesan organizations. For some years the Indian Department extended to the society the privilege of nominating suitable nurses for certain districts, but this arrangement has been discontinued, and the department now appoints the nurses for these districts without any consultation with the society.

So far as any contributions are made by the respective dioceses or the W.A., reliable information may be secured from their officers direct.

The help given by the Indian Residential School Commission, apart from the hospital attached to the Hay River School, where there is a nurse in charge, is largely provided through the appointment of registered nurses to staff positions at the society's schools administered by it. At the beginning of the year 1936 the nurses thus engaged were as follows:

Carcross, head matron; Alert Bay, head matron; Blood, head matron; Peigan, girls' supervisor; Elkhorn, head matron; Sioux Lookout, boys' supervisor; Shingwauk, head matron; Moose Factory, head matron; Fort George, boys' supervisor.

Where no nurse holds a staff position at one of the society's schools, the following nursing medical, or hospital services are available for the pupils in residence:

Wabasca, district nurse appointed by the department; Blackfoot, Agency hospital available, fully staffed, and with a lady doctor in charge; Onion Lake, Indian Agent is a fully qualified physician; Lac la Ronge, district nurse appointed by the department; Chapleau, civic hospital available within two miles.

The increase in the Indian population of Canada from 108,012 in 1933 to 112,510 in 1934, may partly be attributed to the influence of the Indian Residential Schools, and partly to the increased medical and nursing facilities which the department has been enabled to supply. Further help in the building up of the Indian physique has been provided through clinics conducted by Provincial Governments, but the great question of the eradication of tuberculosis amongst the Indians of Canada would appear to be incapable of solution until further and adequate funds are provided for this specific purpose.

# Diocesan Hospitals in the Canadian Mission Field

## I.—OUR ARCTIC HOSPITALS

By THE BISHOP OF THE ARCTIC

In the North West Territories the Dominion Government does not erect schools or hospitals. This the Church does and is generously assisted by the Government by grants towards the operating expenses of these institutions.

**I**N the Diocese of The Arctic two fully equipped hospitals are maintained.

All Saints' Hospital, Aklavik was the first to be established and has an interesting history. At a meeting of the Board of Management, M.S.C.C., held at Calgary in September, 1923, Dr. Lucas, Bishop of Mackenzie River, spoke of the constantly recurring difficulties in connection with the medical side of the work in the Aklavik area. The matter was discussed, and a resolution in favour of the new effort moved by Canon Gould, the General Secretary of the Society, and seconded by Bishop Roper, of Ottawa, was passed. The problem now was that of obtaining the necessary funds. For a time the matter seemed to be at a standstill, but about eighteen months

Cross" of the western Arctic, and it was vital that the Church should meet the needs of the new developments.

The building was completed and received its first patient in the summer of 1926. The staff consisted of a graduate nurse, assisted by a house matron, and the first patient was an Indian from Fort Norman in the south—suffering from a dislocated shoulder.

The hospital staff had to contend against many difficulties and not the least discouragement, so brave hearts were needed.

Gradually the people learned to appreciate the wonderful results obtained, and in 1931, the accommodation had to be increased from eight to eighteen beds, and the staff increased to three graduate nurses, a house matron, a



All Saints' Hospital, Aklavik, opened in 1926, built and staffed by the Church of England in Canada. The staff consists of three nurses and a house matron in residence. The rooms of the staff are in the wing at the left of the picture. This hospital ministers to the sick in a radius of 200 miles and, like the Church, makes no distinction of race or religion in patients it receives.



Miss Marian Harvey, house matron at All Saints' Hospital, Aklavik.

later came the news of a most generous gift for this purpose from a Church family in Ontario—the names withheld. It is now known that the late Col. and Mrs. Leonard of St. Catharines, Ont., were the donors.

This hospital was the logical development of the good work done by Archdeacon Whittaker at Fort McPherson and of the noble work done in the Diocese of Yukon by Mrs. Stringer, Mrs. Fry and others at Herschel Island. The newly-established post at Aklavik, one hundred and twenty miles north of the Arctic Circle, was fast becoming the "Charing



Staff at All Saints' Hospital with Dr. Urquhart, Government doctor in charge of this area. From left to right:—Miss Bradford (retired), Miss Solomon, R.N. (top), who succeeded her, Miss Ruth Hamilton, R.N., Miss Helen Hutcheson, R.N. We have no photograph of Mr. Roland McLean, who is in charge of the fishing, heating and water supply of the hospital. Water supply is secured by twelve months' melting of ice for drinking purposes, as even in the summer the river water is not fit for this use.

native ward-maid and an outside handyman. A year later (thanks to the generosity of friends in Toronto) a complete installation of electric light and X-ray equipment was sent out. The electricity is obtained from a six-kilowatt Westinghouse generator, driven by a ten-horsepower full Diesel two cycle engine, with the necessary converter, transformer, etc., all of the latest type. The X-ray machine is known as a Westinghouse Duplex. It is a very complete radiographic diagnostic unit for general work, with the addition of a fluoscopic assembly of large size and of the latest type. This machine is fitted with the latest type of Metalix Auto-Protective Tube, reckoned to be of superior mechanical strength, giving larger service and better photographic results, due to increased speed and consistency with greater economy as well as avoidance of breakdown.

### St. Luke's Hospital Pangnirtung, Baffin Land

When the Rev. E. J. Peck began his work in Baffin Land in 1894, he was much disturbed because of the suffering and sorrow endured by the Eskimo owing to their ignorance of medical science, coupled with many cruel and revolting superstitious practices. Although



St. Luke's Hospital, Pangnirtung, erected in 1931 and staffed by the Church of England in Canada.

Mr. Peck knew little of medicine, the young missionaries who were associated with him spent one year each at Livingstone Medical College, London, England, to fit themselves as far as possible to meet this problem. They erected a small outbuilding near the mission house, which was set apart as a hospital. It was ill-equipped, but it provided a place where serious cases could be taken and given care and attention. This was a definite step forward, since at that time the Eskimo were pagan, and it was difficult for the missionaries to treat the patients properly in their tents and snow houses. In the small rough shack which was termed "the hospital", the missionaries spent long hours ministering to the sick and diseased, and from it many a poor Eskimo returned to his people restored to health and strength.

Mrs. Tom Greenwood, M.D., who after her graduation in medicine at McGill University went down the McKenzie last summer to join her husband at Fort McPherson, where he has been our missionary since July, 1934.



That was the first hospital in Baffin Land, and was succeeded in 1930-31 by St. Luke's Hospital (ten beds) at Pangnirtung, erected about sixty miles distant from the original one, and ministering to some of the very people who were known to Dr. Peck and his fellow workers.

St. Luke's Hospital, Pangnirtung, Baffin Land, like All Saints' Hospital, Aklavik, N.W. T., is the outcome of the generosity of Church people both in Canada and in the Motherland—indeed half the cost of the original building was borne by friends in England, the other half by friends in Canada.

The matter of furnishing the hospital was of considerable importance and expense, but here, too, God answered the prayers of the faithful, for He moved the hearts of members of the Woman's Auxiliary and others to bear a share in the work.

(1) The nurses' living room and their bedrooms were furnished through two memorials—

(a) a memorial to Mrs. Florence Beatty-Walker; (b) a memorial to Mr. A. E. Osler.

(2) The bathroom equipment was paid for by the Dominion Board of the Woman's Auxiliary, Canada.

(3) A young women's Bible Class in Toronto known as the "Sunshine Circle Allies" met the expenses connected with the furnishing of the room for native helpers.

(4) Various gifts were generously contributed by local W.A. branches and members in Canada.

(5) The Dorcas secretary of the Toronto Diocesan W.A. appealed to the local branches for this hospital, and over \$942 was contributed. This money was largely used to purchase material such as linen, cotton, flannel-ette, etc. In 1931 the Hospital Dorcas Committee, Toronto, sent twelve bales of goods

containing garments, sheets, quilts, pneumonia jackets, bandages, aprons, laundry bags and rugs by the government ship "Beothic". The W.A. supplied (a) a set of Holy Communion silver and linen for hospital use, in a specially made box; (b) a fine radio set of the latest and most improved battery type, with additional valves and batteries. By



Miss Prudence Hockin, R.N., nurse in charge at St. Luke's Hospital, Pangnirtung, with the first patient.

means of this instrument news from the outside world is received throughout the winter.

A number of beds have been endowed in perpetuity in memory of friends, and the money so given has been invested by the Joint Investment Committee of the General Synod of the M.S.C.C. The interest on this money is paid yearly in support of the respective beds. Then, too, three beds are supported annually, one by the Loucheaux Indians of Fort McPherson, one by Emmanuel College, Saskatoon, in memory of the late Rev. Herbert Girling, and one by the boys of Lakefield Preparatory School, Lakefield, Ontario.

In the same year (1932) that the X-ray and electric light equipment was sent to All Saints' Hospital, Aklavik, a similar outfit was sent to St. Luke's Hospital, Pangnirtung. The X-ray equipment for All Saints' Hospital, Aklavik, was given by the late Mrs. C. P. Larkin of Toronto, the electric lighting equipment was the gift of the late Mrs. R. T. Gooderham, Toronto; while the X-ray and electric lighting set for St. Luke's Hospital, Pangnirtung, was given in the name of little Katherine Kemp (aged six years) in loving memory of her father the Honourable Sir A. Edward Kemp,

K.C.M.G., P.C. The power house is a memorial to Miss Clara Bell of All Saints' Mission Band, All Saints' Church, Toronto.

At the residential schools at Fort George and Aklavik are infirmaries with a graduate nurse in charge. The school infirmary and dispensary at Fort George are doing excellent work, but are quite inadequate to meet the situation. There is pressing need for a small hospital to take care of the sick and afflicted in that area. A hospital building with the necessary equipment complete, costs about \$20,000 to \$25,000, while \$1,000 endows a bed in perpetuity or \$50 a year meets current expense.

A study of the hospital reports reveals a great variety in the work from simple things like infant care, cuts, bruises, fractures, eye conditions, malnutrition, and teeth extractions to appendicitis, hernia, chicken pox, typhoid, jaundice and tuberculosis.

At Aklavik we find the greatest variety of races. A fair percentage of the patients are white people, traders, trappers, government officials and others, but the larger proportion of the patients are Loucheaux Indians and coastal Eskimo, with a few Laplanders connected with the government reindeer project. One of the most encouraging features of the Church's hospital work is revealed in the growing confidence manifested by all the people.

At Pangnirtung there are only the two races, white and Eskimo. Here, as at Aklavik, the work began under great difficulties, but thanks to the loyalty and devotion of our workers there has been great progress and an earnest request has been made that the accommodation be increased.



The staff in training at Pangnirtung—cook, laundress and assistant. These girls come by the day to give their help—one of whom did not miss one day in four years.

It only remains to be added that the work of our hospitals increases year by year, and it is good to be able to record that the Dominion government, through the Department of the Interior, has had numbers of our X-ray photographs examined by experts at Ottawa and Montreal, and have received highest com-



mentation for the excellence of the service rendered.

It would be of the greatest possible value to the people of Arctic Canada if four more hospitals could be established at strategic points. This can be done only when the funds are available—roughly, \$25,000 each.

Finally, it should be recorded that it would be impossible for the Church to carry on these hospitals without the generous aid given

by the Dominion government through the Department of the Interior, Ottawa. With the government grants the annual upkeep to the Church of each hospital is little more than that of one of the other mission stations, and in addition to its efficiency and beneficence as successful hospital service meeting a great need, our highest hopes of its success as a strongly mission agency is abundantly realized.



Miss Hockin in her time off is provided with supper for her household.



Two patients in the women's ward who display some of the benefits and cheeriness of the hospital care.

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### THE LOSS BY FIRE OF ALL SAINTS' HOSPITAL, AKLAVIK

*(Since the Above Article Was Printed)*

The news received by the Right Rev. A. L. Fleming, Bishop of the Arctic, on the night of April 6th, that this invaluable outpost of the Church had been completely destroyed by fire is a loss and sorrow in which Church people throughout Canada will most deeply share

The Bishop states that to all right-minded members of our Church the re-establishment of this Hospital will make the strongest appeal, and that immediate action is a necessity:

1. On account of the limited period in which navigation is available to this Arctic post—delay will involve the loss of indispensable ministrations for an entire year.
2. The disaster falls upon the whole Church, rich and poor by whose gifts the Hospital was established and maintained, and who have shared in its beneficent work.
3. To meet this great emergency, a complete hospital outfit can be sent forward during the coming Summer if the money is provided in time.

"He who gives now gives twice"—if ever there was an occasion on which this was true, this is one.

The Need is most urgent. The Call is imperative. The Response lies with the sympathetic people of our own Church.

## DYNEVOR HOSPITAL, DIOCESE OF RUPERT'S LAND

### Introductory Note

From the W.A. *Letter Leaflet*—January, 1896—"Provincial Notes".

"Archdeacon Phair of Winnipeg, writes:—

"When in Eastern Canada, I collected \$1,000 with which, over a year ago, we purchased suitable buildings for the Dynevor Hospital and large grounds adjoining. We have "waited on the Lord" to send us the right man to take charge of the work, and now I am thankful to say a competent Christian medical man has offered and the building will, I trust, soon be open, and in the Master's name and in entire dependence on Him, we will begin the work of ministering to the bodily and spiritual wants of these needy people, through this new service.

"We will need bedding, house-linen, cooking utensils, in fact, everything to begin and lots of strengthening food for patients."

An appeal follows to all branches of the W.A. who are working for this hospital to communicate with the Provincial Dorcas secretary.

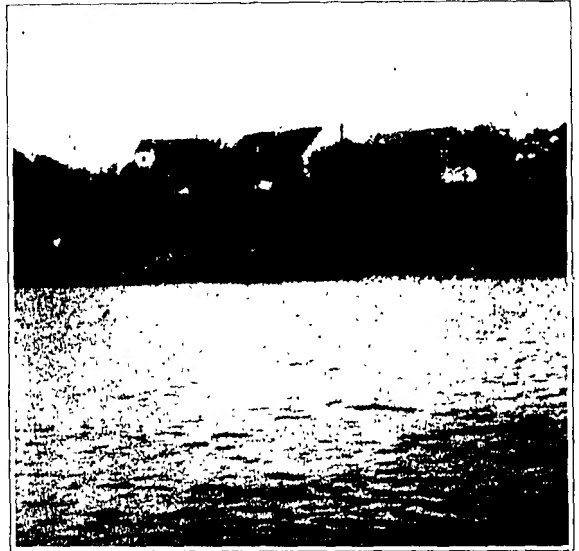
### DYNEVOR INDIAN HOSPITAL

By REV. CANON G. J. O. MURRAY, D.D.,  
Vice-Chairman, Hospital Committee

**D**YNEVOR HOSPITAL is situated on the banks of the Red River about three miles from Selkirk. The old part of the present building was originally the parsonage of St. Peter's parish, which owes its establishment in 1833 to Archdeacon Cochran, a man of decided ability, himself the first rector of St. Andrew's.

St. Peter's Church was the fourth Anglican church built in the west, its three predecessors being St. John's Cathedral, known as the Upper Church; St. Andrew's, called the Lower Church, and St. Paul's, Middle Church. St. Peter's was an entirely Indian parish; and Archdeacon Cochran did a great work among them; as the writer of the *Life*

of Archbishop Macphray says: "He not only Christianized the Indians, but civilized them". They became good citizens, and later at the time of the Riel Rebellion the same writer notices that Henry Prince, Chief of the Swampy Cree Indians, who lived in and about St. Peter's parish (of which Archdeacon Cowley then had charge) wrote in a



Dynevor Hospital, adjoining the church at St. Peter's Mission (1930).

loyal strain, and expressed his dislike of Riel and the rebels.

It is, therefore, fitting that (as stated in the first annual report of the hospital), "This hospital is for the benefit of Indians only." It was to be for the benefit of the Indian race as a whole. "While it is intended to do Christian work, as well as medical, it is not intended to make it a denominational institution." And its patients have never been limited to St.

Peter's Reserve. They come from all over. The first patient, "A. S.", came from Fort Alexander, Keewatin.

The building was first the parsonage of Archdeacon Cowley, for many years missionary at St. Peter's Reserve. After this time it lay vacant for some years, until the late Archdeacon R. Phair conceived the plan of turning it into a hospital for the Indians.

In 1896 the members of the Woman's Auxiliary in



Dynevor Indian Hospital, Diocese of Rupert's Land. T.B. wards at the right and Nurses' Home at left.

Toronto, Montreal, Quebec, Ottawa, Rupert's Land and elsewhere, contributed the sum of \$1,000 for the purchase of the building and land from the C.M.S., to whom they belonged. And on the 12th March, 1896, the hospital was formally opened. The Dominion Government gave an annual grant of \$300, and the Domestic and Foreign Missionary Society also helped. Dr. Rolston and his wife were at first in charge, giving their services voluntarily. After their departure for the Coast, Miss Lochhart, a trained nurse from England, became lady superintendent, and did years of splendid work, being succeeded by Miss Mitchell, a very efficient head of the hospital for several years, until she married Rev. R. S. Cushing. Mrs. Pearson, Miss Gill, and the present superintendent, Miss Wheeldon, also rendered excellent service. The present Bishop of Moosonee, then Rev. J. G. Anderson, rector of St. Peter's, acted as chaplain; being succeeded by the Rev. Malcolm Scott, and ultimately by the present chaplain, Rev. W. H. Walker.

The equipment of the hospital at first was primitive in the extreme, but gradually gifts from W.A. branches in Canada and various sums towards an endowment, such as "the Ethel Carter Memorial Fund", enabled improvements to be made.

Another difficulty of the early days was the dread of hospitals then common among the Indians. Miss Milledge records that, "When two little Indian girls were admitted, their mother stood near the window at night, with the thermometer at 45 degrees below zero, to make quite sure her little ones were safe". Today, however, the Indians have got over this fear and recognize in the hospital a friend in need. Other difficulties in the early days were the want of a telephone and electric light. But eventually the carrying of a long-distance telephone along the road to the north, just opposite the hospital, enabled them to get connection; and soon electricity came, too, and the inadequate and dangerous lamps were things of the past. "Gradually," as Mrs. A. Code writes in her admirable little *History of Dynevor Hospital*, "with the help of friends, the W.A. and the government, we have gone on to better things." A new nurses' home was built, and the W.A. of St. James the Apostle, Montreal, donated the furnishings. A legacy of \$500.00 was left by the late



(By kindness of Deaconess S. E. Milledge)

St. Peter's Mission on the Red River, "The Rainbow of the North" as Bishop Mountain calls it in his little book, published after his remarkable journey by canoe from Montreal to visit this mission in 1844, and of which this picture is the "frontispiece".\*

Mr. Roberts of Winnipeg. The Audrey Cot was endowed in 1902, and later another was founded by the G.F.S. of Christ Church, Winnipeg.

The hospital was at first managed by a committee, appointed by the Archbishop. In 1908 the W.A. of Rupert's Land undertook the responsibility of the hospital and its management. It still was far from plain sailing in a financial point of view. "Often," states one report, "we could not see where the next cent was to come from, but it came." In 1910 the bills could not be met, and there was talk of closing the hospital! But Archbishop Matheson made a special appeal, and also suggested to the W.A. that a special committee should be appointed to take charge of the hospital, consisting of twenty members of the advisory boards of the W.A. This was done, Mr. Dagg being the secretary; Mrs. Monkhouse, treasurer. The Archbishop himself, actual chairman, but in his absence, Canon Murray, vice-chairman, representing

From "Our Church in Rupert's Land", by Canon Bertal Heeney.

\*"And his visitation had permanent results: they are best stated in the language of the first Bishop of Rupert's Land in a letter to Bishop Mountain. It runs as follows:—"The Diocese owes so deep a debt of gratitude to your Lordship for its formation, and for the interest with which it is regarded by the Church at large, that one of my first desires on my arrival, has been to write to tender my thanks for all that you were enabled to do in 1844, and for that account of the condition of the people which drew the attention of the Christian World to the necessity of a resident Bishop. . . It was from (your) simple and forcible statements that I felt so interested in the condition and prospects of the Indian that I at last determined to accept the call to the Bishopric."

Thus the founding of the Diocese and the calling of the Bishop are both traced to their source in the visit and in the appeal of George Jehoshaphat Mountain. It must never be forgotten, however, that the visit of Bishop Mountain was concurred in and the expense of it borne by that great Society, the Church Missionary Society, to which the Church in this Diocese owes its very existence, if not its origin."

him. A few members of the W.A. collected a substantial sum from the churchmen of Winnipeg, and since then the Dynevor Hospital has never been in debt.

Our present excellent treasurer, Mrs. Wilcox, reports a balance in the bank of over \$2,000, some of which will be required for repairs to the buildings.

In 1915 the Dominion Government suggested that we should build a new wing to the hospital, suitable for T.B. patients, and promised an increased grant and more patients if we did so. A committee was formed to talk over the matter, a vigorous canvass was made; friends all over Canada helped. The building was undertaken and in about a year was completed; and the new wing was opened in 1916, with inside wards, open-air balconies, and a capacity of twenty beds. There were soon ten patients, then twenty; and during the flu epidemic of 1918-19 the hospital was so full, that many had to sleep on the floor.

The older part of the hospital, is now used for aged invalids; and the T.B. patients are all in the new wing. So now our hospital fulfils two purposes, a home for aged Indian men and women, and a regulation hospital.

The average number of patients of all kinds in the hospital of recent years has been from twenty to twenty-five. In 1934 Miss Wheel-



(Kindness of Rev. W. H. Walker of Selkirk)  
St. Peter's Mission (1930), between the town of Selkirk and the mouth of the Red River.

don reported that there were eleven births. The hospital has a well-equipped maternity ward.

It will be seen that this institution, founded in faith, with almost nothing in sight, has prospered under God's good hand, and continues to do a good work.

We who live on the Indian's land, owe a big debt to them, and Dynevor Hospital, historically unique, is one of the channels through which we can repay that debt, and do the work of the Master of us all.

Elizabeth Sampson, graduate of one of our Indian Residential Schools, and a graduate nurse of the Ottawa Civic Hospital, is in her second year of excellent nursing service on the staff at Dynevor Hospital.

## II.—ST. BARTHOLOMEW'S HOSPITAL AT LYTTON, DIOCESE OF CARIBOO

### Lytton Hospital, B.C. — Early Days

In the *Records of the S.P.G. (1900)*, we find that their first missionary to British Columbia "Rev. R. Dowson (1859), found his knowledge of medicine of great assistance in his work among the Indians. Since that time occasional medical work has been carried on in the Society's Missions at Lytton, etc."

'Here from the first, success attended the work among Indians, and the loving care at the small hospital helped considerably in finally overcoming the long and bitter opposition of the medicine man.'

In the *W.A. Letter Leaflets* of September and of October, 1904, we find—"Lytton Hospital, on the bank of the Fraser River, and in the midst of five or six Indian Reservations, was the earliest Indian hospital opened in our Canadian West.

"The original building cost \$1,500, largely collected by Bishop Sillitoe, its only maintenance, \$500 a year from the Government's Indian Department, to pay the allotment to a doctor and nurse, and £25 a year from the S.P.C.K. going a small way towards current expenses."

Rev. E. W. Pugh, missionary at Lytton about this time, was a welcome and familiar visitor to many W.A. branches, on behalf of the hospital—towards which contributions for upkeep and equipment were made, and in the "Reports" in the *Letter Leaflet* of

the same year we also find—"Within the last three or four years the branches of the W.A. at Quebec, Ottawa, Niagara and Prince Edward Island have given \$450 to build a new W.A. Wing at Lytton Hospital and have also contributed a considerable amount for furnishings and for repairs on the old building."

Alas! In this year also—"Our sincere sympathy goes out to Rev. E. W. Pugh, whose medical knowledge has been of such practical assistance not only to the Lytton Hospital, but also on the Indian Reserves, in the disaster by which he and Mrs. Pugh were greeted, when they returned from their wedding trip, to find the hospital destroyed by fire."

Later, it is noted that—"Assistance from the diocese and from English and Canadian friends towards rebuilding the Lytton Hospital soon resulted in a new and more suitable building, for which the 'General Board' of the W.A. undertook an Annual Pledge of \$200 towards salaries, and the support of a special cot for children", and that "gifts by juniors and other branches were forwarded . . . to aid in the valuable work being done at this hospital."

In the 1936 *Budget* presented by the treasurer of the Dominion Board of the W.A., we find "for salaries and support for Lytton Hospital—\$920".

### ST. BARTHOLOMEW'S HOSPITAL, LYTTON, B.C.

By Phyllis Burrows, R.N., Matron

*St. Bartholomew's Hospital at Lytton* is situated at the centre of the Indian Mission of the Diocese of Cariboo, and, like many relics of pioneer days, had its origin in necessity.

It developed out of a small dispensary in a back room of the Mission House, which came to be much appreciated by both the Indians and by isolated white residents.

On St. Bartholomew's Day, 1893, a four-roomed hospital was opened by Bishop Sillitoe, having only one ward. This was largely the result of a collection in currency and "free gold", taken by the mixed population, with certain grants in aid.

The late Sister Frances of Vancouver (who founded the first Training School for nurses in Vancouver, i.e., St. Luke's) was placed in charge of the hospital, making periodical trips from Vancouver to Lytton for administrative purposes.

The resident staff consisted of one nurse with an assistant, who was cook, maid, and assistant-nurse combined.

The late Mrs. E. W. Pugh (née Miss Crickmay), first president of the Cariboo Diocesan Board of the W.A., was amongst the first nurses followed by the Misses Wickham, who served almost twenty years.

In 1904 the building was destroyed by fire, from the ashes of which arose an eight-room, two-storey building, which with many alterations and additions, is in use today.

In 1931, it was found impossible to accommodate the patients admitted so a Nurse's Home was erected, which is a modern seven-room house, and a credit to the Mission.

This allowed an increase in hospital accommodation, from 15 to 27 beds (including three



The Nurses Home at Lytton Hospital.

cribs) having eight wards, and the staff increased to three graduate nurses, two maids, a cook and an orderly.

The hospital is a diocesan institution, and has been the object of many benefactions and memorials from the W.A. in various parts of Canada, and an annual grant from the Dominion Board of the W.A. for upkeep.

Other sources of income are the Indian Department of the Canadian Government per capita grant covering expenses of Indian patients, and most of our white patients are under contract with various departments such as Government Relief, National Defence, Railway Medical Associations, or Workmen's Compensation Board for theirs.

The work in the Hospital has undergone a definite change. In 1930 it was very much an institution for "chronics", but in the last few years and at present time, a busy round of acute cases and patients are admitted daily. There is no druggist in the district, so dispensing is a large and important part of the work of the staff.

There is very little major surgery done. Surgical work consists of a few appendectomy, tonsilectomy cases, and a great deal of emergency work, especially during the summer months. "The Surgery" itself is roomy, fairly well-equipped and lighted.

Our X-Ray Department is something we may be proud of and a great deal of work is done in this line for a small institution.

Maternity work is increasing this year, but our annual average is approximately sixteen births.

A few figures will show briefly the increase generally.

	Days Treatment for Year	Patients Admitted and Treated
1930	2,808	203
1933	4,477	286
1935	4,973	350



The Lytton Hospital Staff. Back row (left to right): Rev. E. Munn, Missionary; Mr. Blue, Relief Orderly. Middle row: Miss Phyllis Burrows, R.N., Matron; Miss Ruth Price, nurse; Miss Phyllis Dalton, nurse. Front row: Mrs. Ryall, cook; Miss Eliza Joe and Miss Anne Liben, maids.



St. Bartholomew's Hospital, Lytton.

Today we are again in sore need of further accommodation; this last winter has been a great strain. Patients have been crowded and frequently had to sleep in the operating room, there being no other room for them. The building is in an appalling condition, ceilings are lathed to hold them up and plaster is ready to fall in many places; it is cold and draughty and certainly not a credit to the Church.

There is much needed an electric washing apparatus, a new kitchen range, etc., but we are reluctant to install new expensive equipment in such an old and dilapidated building. The fire hazard is a continual worry, five stoves and a furnace, and this winter the building had two very narrow escapes from fire.

However, in spite of all handicaps, the work still progresses and patients are now coming to it from a radius of a hundred miles or more.

The sick are healed, their spiritual welfare attended to, and I believe the hospital displays a true missionary spirit, Indians, relief cases, destitutes, and paying patients all receiving like treatment in His name.

#### FROM THE BISHOP

I wish to add just a word to the account of the Lytton Hospital as given by the matron. The success of the institution for several years past has been due very largely to her capable administration and to the continuous good service of the doctor, who is devoted to his duties in the interest of both white and Indian patients. The board, too, has given loyal and devoted service in the interest of the patients and of the institution, and deserve the thanks of the Church as well as of the community.

The present situation regarding a new hospital is most hopeful. It is the intention of the Executive Committee of the Diocese to have a building at the earliest possible time which will be up-to-date and safe with accommodation for twenty-five patients. There will be two wings quite separate, for Indians and whites. We have on hand about \$12,000 for the project and a promise of \$10,000 from the Provincial Government. We have made an appeal to the Indian Department at Ottawa for \$18,000 and have received kindly assurance from the Director of Medical Services for the Indian Department and also from the Minister of the Interior that our request will receive sympathetic consideration. We are now waiting to hear definite word from Ottawa before going on with the work of construction.

This will be the second attempt to have the work done, as Bishop Adams, after much work and correspondence, almost had the deal completed several years ago. I am sure that he will be as pleased as we shall be if we can carry the project to a successful issue.

Bishop's House, Kamloops, B.C.

George Cariboo.

## A NURSING CENTRE IN THE DIOCESE OF EDMONTON

A NEW and interesting project of the Bishop of Edmonton is being put into shape in the "Drayton Valley District" in the southwestern part of this Diocese, "in the foot hills", where three large lumber mills are at work and about five hundred families are living.

To quote the Bishop, "There is in this large district, no Church, no Sunday School, no Missionary, no Doctor, and no Nurse."

The Bishop's plans have at last matured and are now being carried forward with generous support from "the Fellowship of the Maple Leaf" of London, England, who are supplying certain of the building expenses, and for two years the upkeep, medical supplies and the support of a Nurse-in-charge and that of a "Church Worker", who will together carry on the beneficent and educational work, of which this Depot is to be the centre.

The Nurse-in-charge is to be Miss Rowles, a graduate of the General Hospital at Calgary, herself the daughter of a settler and who has already been a worker for her Church at Empress, Saskatchewan. She is now taking a course at the "Nursing Centre" of the Government of Alberta, at Alder Flats, Alberta.

The "Church Worker" chosen is Miss Groves, a "Maple Leaf Worker" and a graduate of St. Christopher's House, London, who has, during the past two years, been doing most useful work in the large mission area of Ashmount, in the northwest of the Diocese. Both these young women will have a licence from the Bishop and will be in uniform.

In the "Nursing Centre" there will be two bedrooms, a living-room and kitchen, and a wood shed with bathroom. There will also be a Dispensary with a commodious Supply cupboard. All will be heated by stoves.

The residents in the District will give free labour for the erection of the building and will supply the "Centre" with water, wood for fuel, and the necessary transportation.

So ready are they to do this, that a good supply of wood has already been cut and is piled near the site to dry.

The Bishop is now concerned over the matter of furnishings and the necessities for the Supply Cupboard.

The former will be chairs, tables, stoves, beds and bedding and other necessities for a simple household.

Articles for the latter will be such as can be carried to needy people at time of illness or other emergency—cans of invalid food, layettes and other supplies for maternity cases, etc. Other suggestions will no doubt be received from the Bishop as this Institution gets to work.

Self-support is noticeably strong and is progressing in the Diocese of Edmonton, but members of the Church have been under a great strain in the carrying on of their missionary work, which has also suffered in the last three years from the falling off in grants from the M.S.C.C.



## HOSPITALS OF THE COLUMBIA COAST MISSION

By Mr. Ben Drew, Secretary of the Columbia Coast Mission.

**I**N JUNE, 1904, Rev. John Antle, in a 16-ft. boat built by his own hands, made a voyage from Vancouver to Alert Bay and back, calling at the lumber camps and settlements, covering altogether a distance of over 500 miles.

At that time there were upwards of 3,000 men living along the coast, chiefly in the lumber camps, cut off from the comforts of civilization, destitute of medical or surgical aid,

Rev. John Antle, Founder, and for thirty years the devoted and resourceful Superintendent of the Columbia Coast Mission.



On the "Columbia".



and almost entirely lacking the privileges and influences of religion.

He conceived the idea that the only way to help these men was to equip a boat as a hospital and dispensary, with lending library and facilities for religious services, and to establish hospitals along the coast at suitable intervals.

Accordingly, the "Columbia I" was launched in April, 1905, and with Mr. Antle in charge and Dr. W. A. B. Hutton as surgeon, started on her mission in May of the same year.

Thus the gradual hospitalization of the B.C. Coast was started."

### St. Michael's Hospital, Rock Bay

The first hospital (Queen's) was built by the Hastings Mill Co., in 1905, and soon after enlarged. It was destroyed by fire in 1910. A larger and more hospital-like building was



St. Michael's Hospital, Rock Bay, B.C.

erected immediately by the Mission. It is well equipped with fine operating room, its own electric light, a first-class X-Ray machine, and everything necessary to take care of the sick and injured which come to its doors.

#### Staff

Dr. K. Wray-Johnston      1 Cook  
2 Nurses                      2 Orderlies

#### Number of Beds—12

#### Summary of Work for Year 1935

Hospital days	1,802
Patients treated in hospital	258
Office visits	358
Home visits	10

### St. George's Hospital, Alert Bay

This hospital was built in 1909, and rebuilt after the fire of 1924, and is situated in a centre which was once an Indian Village, but now a large centre of Whites and Indians. The fishing and lumbering industries contribute their quota of accidents and sickness, and the Indians of the largest agency in B.C. look to it—to quote their big chief—as "the house of salvation and the house of hope". Being comparatively new, it is up-to-date in its equipment and design. It has its own electric light plant, and a first-class X-Ray machine which was purchased with money presented by the Indians for that purpose.

#### Staff

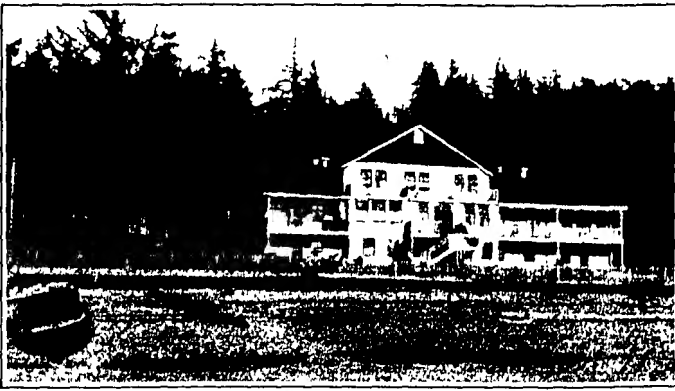
Dr. D. B. Ryall  
3 Nurses                      1 Cook  
1 Orderly                      2 Cook's Helps

#### Number of Beds—27

#### Summary of Work for Year 1935

Hospital days	3,707
Patients treated in hospital (White and Indian)	388
Office visits	1,681
Home visits	248
Child Clinics held	49
Babies in attendance at clinics	91





St. George's Hospital, Alert Bay, B.C. Beside it is the beautiful Chapel—a gift from Mrs. Patterson Hall, upon her retirement as President of the W.A.

As will be seen by the above figures, a considerable amount of hospital work is done. The majority of the cases treated are for accidents in the woods. There is also a large amount of maternity work, particularly at the hospital at Alert Bay; in fact, the work carried on by these three hospitals is very similar to the work in most hospitals throughout the land.

The cost of operating these hospitals and the hospital boat runs between \$45,000 and \$55,000 per annum, the funds for this purpose coming from the Dominion Government, Indian Department, the B.C. Provincial Government, the Vancouver Welfare Federation, Patients' Fees and donations. A considerable amount of the work is done for people who are struggling along to barely make ends meet, consequently there has been work done during the past five years for which we have not received payment amounting to over \$18,000.

The W.A. is certainly a God-send to our hospitals, having been responsible for a great deal of the equipment, and also for the upkeep of the linen supplies.

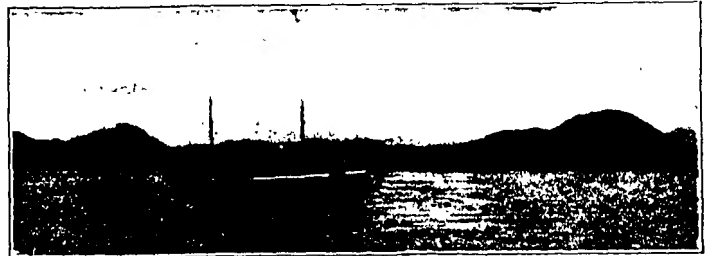
It is rather interesting to note that at St. George's Hospital baby clinics are held. These were started primarily for the Indian mothers five years ago, and have already proved its worth to those women who have been attending these clinics and who are now taking a greater interest in the proper care and upbringing of their offspring.

Of course, the key-note of the whole situation is the wonderful

work being carried out by the hospital ship "Columbia", the doctor of which takes a personal interest in all the people in the territory.

As the following figures show, she has been particularly busy during the past year, 1935, at the "beck and call" of all who require her, in calm or storm, night or day, and in wireless communication with Alert Bay and Cape Lazo, she is ever patrolling the territory. She is equipped with a fine dispensary, two pullman berths for cases, instruments and drugs.

Not only is the "Columbia" busy with her medical work, but she is kept very busy indeed, issuing clothing and food to the needy, operating a circulating library, holding religious services—in other words, acting as a community centre for the lonely settlements.



"Columbia" on duty—"Coming!". The wireless telephone enables messages to reach the mission boat from the hospitals at stated hours, as she travels her course, thus securing her immediate aid. The call comes out of the air, over the cliffs of the rugged shore line, with its effective message.

#### M.S. "Columbia" 1935 Facts

Total miles travelled	17,284
Total miles covered in connection with emergency calls	4,240
Visits to doctor on board	636
Visits by doctor to houses	547



The patient is often treated on shore by the mission doctor or received for special treatment in the hospital on board, but other cases must be taken aboard by stretcher and hurried off to the nearest hospital.



St. Mary's Hospital, Garden Bay (Pender Harbour) B.C. on its Opening Day.

### St. Mary's Hospital, Garden Bay

This hospital was built in 1930 and caters to numerous settlements of fishermen and loggers. It is fully equipped with operating room, private wards, X-Ray machines and has its own power plant for light and water.

Again, let me say that the help we get from the W.A. in supplying layettes, relief clothing, books and magazines is very deeply appreciated by the people whom we have the privilege of serving.

#### Staff

Dr. T. A. Lane-Connold 1 Orderly  
2 Nurses 1 Cook

Number of Beds—12

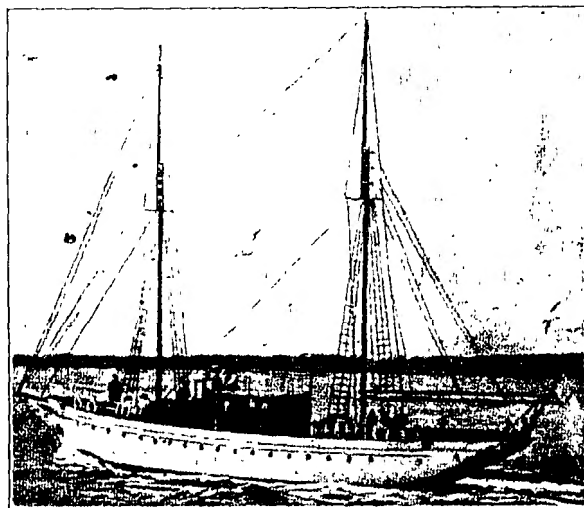
#### Summary of Work for Year 1935

Hospital days	1,330
Patients treated in hospital	126
Office visits	439
Home visits	650

"Rendezvous"—the Mission Ship of the southern portion of the Coast.



Her skipper,  
Rev. Alan Greene.



Mission Ship "The John Antle", a gift of friends in England, was sailed across the Atlantic to Vancouver via Panama by her dauntless namesake in 1934.



Chapel on "Columbia". Church services, Sunday Schools, baptisms, marriages, and some funerals are often held here.

## NEW HOSPITAL AT MOOSE FACTORY, ON JAMES BAY

In the Diocese of Moosonee



THIS hospital is at present in the course of erection by M.S.C.C. on the island upon which is situated this historic mission of our Church, in the Diocese of Moosonee.

Here John Horden laboured for twenty years, teaching in the Mission School, and translating the Scriptures into Cree for his Indians and here Bishop Machray chose Horden to be the first Bishop of that great territory towards the east and south shores of Hudson Bay, now the Diocese of Moosonee.

Here Dr. Peck, the great Arctic missionary, first laboured and was ordained.

Here Thomas Vincent ministered to the Indians and translated *The Pilgrim's Progress* into Cree.

Here, in Bishop Horden's Training School,

Alexander MacKay studied, and catching the missionary spirit of the great Bishop, translated the whole Bible into Cree.

The importance of the work this mission has to do, will be realized when the position of James Bay is borne in mind. For the waters of the ocean are here, and Ontario here becomes a maritime province, where railways and ships will meet and motor roads will bring many visitors to the salt water, where not long ago Indians alone made their homes.

The desire to build a hospital in this area has long been in the minds of members of our Church, but its site not decided upon.

To provide, however, for the immediate needs of sick Indians in the area, a cottage hospital is being built now which may in time become the nucleus for a larger institution. It will also be available if needed for any cases of illness in the Indian Residential School which has no infirmary.

This hospital will provide accommodation for 12 beds with an initial equipment of eight beds.

A "Service Room" will be equipped for minor operations and an adequate staff will be maintained.



St. Thomas' Indian Residential School, Moose Factory, where there are at present thirty-eight pupils.